# EMPLOY YOUR INSTINCTS



## THE MPD ACADEMY APPLICATION

www.memphispolice.org



www.MPDacademy.com

1-800-318-4164 An Equal Opportunity Employer

Jim Strickland Mayor of Memphis Toney Armstrong
Director of Police Services

#### APPLICATION PROCESS STEPS

- 1) Submit completed application at the Memphis Police Department Training Academy
- 2) Preliminary Interview
  - The application will be reviewed by a background investigator
  - Address any issues concerning criminal history and driving record
  - Answer any questions regarding the application process
- 3) Preliminary Testing
  - 1.5 Mile run (15 minutes or less)
  - Physical Ability Test (PAT), 160 seconds or less
  - Written Exam (WRAP/ABLE)
- 4) Background Investigation
  - Investigation into criminal history, military service, education, traffic and employment history
- 5) Oral Interview
- 6) Psychological Test and Clinical Interview
- 7) Medical Exam

Note: A returned application generally requires a six (6) month process to determine an applicant's suitability for employment.

### APPLICANT MUST SUCCESSFULLY PASS EACH PHASE OF THE PROCESS TO PROGRESS TO THE NEXT PHASE

#### **AUTOMATIC DISQUALIFIERS**

Below is a list of criteria that will disqualify an applicant from applying with the Memphis Police Department.

- Have not graduated from High School or obtained a GED
- Any felony conviction
- Any guilty narcotics conviction
- Any domestic violence conviction
- Any guilty assault conviction
- Dishonorable, bad conduct, misconduct, or other than honorable discharge from the military
- Active warrants
- Current probation
- Current or pending criminal court case
- 2 or more driver license suspensions or revocations in a 3 year time frame
- 4 or more moving violations in a 12 month period within a 3 year time frame
- A guilty DUI within 5 years of application date
- A guilty misdemeanor theft charge within 10 years of application date



#### Memphis Police Department Police Officer Application Packet



#### MINIMUM REQUIREMENTS TO APPLY

#### 54 Semester Hours at a Regionally Accredited College or University

- or -

#### Two Years of Continuous Active Military Service with an Honorable Discharge

For Lateral Applicants: One of the above basic requirements

– and –

Three years of continuous employment as a POST Certified Law Enforcement Officer at a Police Department with a minimum of 20 Full-time Commissioned Officers.

This packet contains the following information

- High School transcript request form
- College transcript request form
- Personal History Statement
- Application for Employment Form
- Authorization for Release of Personal Information Form

Read all information carefully and fill out all forms completely.

#### Consequences of Falsification

<u>ANY</u> misrepresentation, falsification or omissions given on <u>ANY FORM</u> herein is just cause for rejecting the application, and may disqualify the applicant from applying in the future for positions with the Memphis Police Department. Furthermore, any misrepresentation, or omissions discovered after gaining employment may subject the individual to termination.

#### PERSONAL HISTORY STATEMENT

Answer each question on this form. Information must be <a href="HANDWRITTEN AND PRINTED IN BLACK INK">HANDWRITTEN AND PRINTED IN BLACK INK</a>. If additional information must be submitted in relationship to a specific question, please submit this information on additional sheets of 8 ½" x 11" paper (NO SCRAP SHEETS) and attach them to this form. Precede each answer with the number and letter of the referenced section. <a href="DO NOT MISSTATE OR OMIT ANY FACTS">DO NOT MISSTATE OR OMIT ANY FACTS</a>, as all information is verified. <a href="ACCURACY IS ESSENTIAL">ACCURACY IS ESSENTIAL</a>. ANY FALSE STATEMENTS OR INFORMATION KNOWINGLY OMITTED IN THIS QUESTIONNAIRE IS JUST CAUSE FOR DENYING OR TERMINATING YOUR APPLICATION. There are to be no UNKNOWN or UNANSWERED questions when this form is completed and turned in. If a question or the information requested does not apply, indicate this by using the symbol N/A (not applicable). Should this questionnaire be <a href="UNSATISFACTORILY FILLED OUT">UNSATISFACTORILY FILLED OUT</a>, the application will be rejected from further consideration. Applicant is responsible for furnishing any changes and/or updating of application as needed, such as address, phone number, employment, arrest, or traffic violations.

When the Personal History Statement is turned in, the following support documents **MUST ALSO BE**PRESENTED and a copy will be retained for departmental records.

- 1. Original Birth Certificate.
- 2. High School Diploma or GED certificate.
- 3. Original valid Driver's License.
- 4. Original Military DD form 214 (Member 4 copy) to include character of discharge, and any other discharge document(s), if applicable.
- 5. Active Reserves who currently attend Military Drills must submit a Military Letter of Good Standing. The applicant must submit all original DD214 discharge documents as soon as they become available to the applicant. Applicants who have previously served in the Active Reserves MUST submit a copy of their discharge papers, showing character of discharge from the Reserve Unit.
- 6. High School transcript and College transcript(s) should be mailed by the schools to the Memphis Police Training Academy (these documents are acceptable for arrival after submission of your application).

### FAILURE TO PROVIDE THESE DOCUMENTS WILL RESULT IN THE REJECTION OF YOUR APPLICATION BY THE MEMPHIS POLICE DEPARTMENT

NOTE: For applicants who reside more than 100 miles outside of Memphis, TN. Please mail the completed application to: Memphis Police Department Training Academy, 4371 O.K. Robertson Road, Memphis, TN 38127, along with copies of the original documents requested above. DO NOT MAIL ORIGINAL DOCUMENTS; please present all original and requested documents as instructed. Please have page 18, "Authorization for Release of Personal Information" Form, notarized prior to mailing application.

I HEREBY CERIFY THAT I HAVE READ AND UNDERSTAND ALL OF THE ABOVE STATED INFORMATION.

Signature:	_DATE:	

#### This application must be HANDWRITTEN IN BLACK INK (DO NOT TYPE)

\*\* Please Print and Write Legible \*\* If this application packet is NOT LEGIBLE, IT WILL NOT be accepted.

	Position	Applied For: POLICE	OFFICER - (RECRUIT)
		Sex/Race	Date of Birth
Current Street Address, Apr	t#	City	State Zip Code
Cell Phone	Home Phone	Work Hours	Days Off
Name and phone number of	of a neighbor or relative with who	m you are in regular contact	where a message can be left for you
Social Security Number	Birthplace	City	State/Country
Have you ever had you	ur name changed?	YES NO	(If yes. Provide documentation)
Previous Name	Date of Change	Location of Ch	ange Reason for Chang
	2000 01 011011.80		
Marital Status: Single	Married Divorced S	Separated Widowe	d
Driver's License			
N	umber	State	Type/Class (Operator D, etc.)
Expiration Date		Conditions	s (Corrective Lens, etc.)
FAMILY HISTORY			
Full Name of Present Spous	se Maiden Name	Age	Date of Birth
, , , , , , , , , , , , , , , , , , , ,			
Present Employment of Spo	ouse Address	City	State Phone#
Transfer and a specific of appearance of app		5.5,	· noncii
Full Name of Former Spous	e Maiden Name	Дре	Date of Birth
	Full Name (Last), (First), (MacCurrent Street Address, Apple Cell Phone  Name and phone number of Social Security Number  Have you ever had you This includes, but not limited Previous Name  Marital Status: Single Driver's License  Expiration Date  FAMILY HISTORY  Full Name of Present Spous	Full Name (Last), (First), (Middle)  Current Street Address, Apt#  Cell Phone Home Phone  Name and phone number of a neighbor or relative with who social Security Number Birthplace  Have you ever had your name changed?  This includes, but not limited to, Maiden Names, Former Mathematical Status: Single Married Divorced Status: Address Maiden Name Present Employment of Spouse Address	Full Name (Last), (First), (Middle)  Current Street Address, Apt#  City  Cell Phone Home Phone Work Hours  Name and phone number of a neighbor or relative with whom you are in regular contact  Social Security Number Birthplace City  Have you ever had your name changed?  YES NO  This includes, but not limited to, Maiden Names, Former Married Names, Adopted Name  Previous Name Date of Change Location of Ch  Marital Status: Single Married Divorced Separated Widowe  Driver's License  Expiration Date Condition  FAMILY HISTORY  Full Name of Present Spouse Maiden Name Age  Present Employment of Spouse Address City

#### 3. CITIZENSHIP

- A. Are you a citizen of the United States? \_\_\_\_YES\_\_\_NO For Naturalized citizens, naturalization documents are required.
- B. Do you speak a language other than English? \_\_\_\_Yes\_\_\_NO

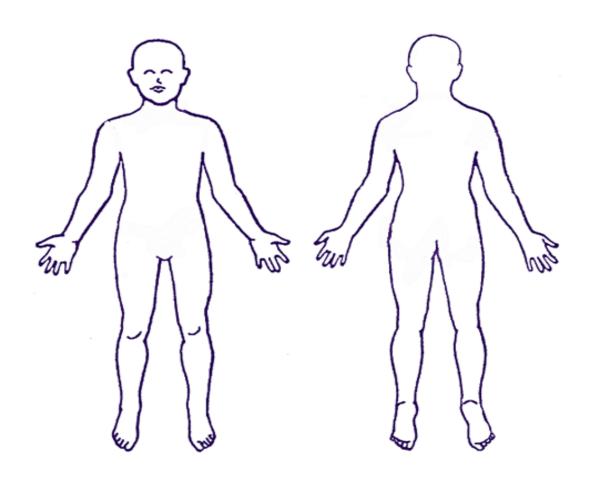
  If YES, identify your aptitude by specifying each language and your skill level as Limited,
  Conversational, or Fluent.

Language	Read	Speak	Understand	Write

C. Tattoos and Branding

Do you have any tattoos or branding? \_\_\_\_Yes\_\_\_NO

If "YES", draw a line beside the area on the body, then give a description and meaning.



#### 4. RESIDENCE

Chronologically list all residences since your 18<sup>th</sup> birthday, regardless of the time you resided there, beginning with your present address. If served or serving in the military service, list all dates, branches, and duty stations to include any off base residences. List all addresses while attending any schools if away from home. When living with parent(s)/guardian(s) indicate with an **asterisk (\*)** below.

From MO/YR	TO MO/YR	COMPLETE ADDRESS	CITY/STATE	ZIP CODE

#### 5.

#### **EDUCATION**

SCHOOL NAME	LOCATION	DATES FROM/TO	YEAR OF GRADUATION	CREDIT HOURS OR DEGREE
HIGH SCHOOL				
GED				
COLLEGE/ UNIVERSITY				
GRADUATE SCHOOL				
TRADE/BUSINESS OTHER SCHOOLS				

#### 6. EMPLOYMENT TERMINATION

A.		dismissed, fired, or asked to ould be fired or terminated if ow:		
TERM	INATIONS:			
STREE	T ADDRESS:			
		FROM		
EXPLA	AIN IN DETAIL CIRCUM	ISTANCES OF TERMINATION_		
		(If needed, additional information ma	y be submitted on the next p	page)
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		FROM	<u> </u>	
		ACTANICEC OF TERMANATION		
EXPLA	AIN IN DETAIL CIRCUM	ISTANCES OF TERMINATION_		

(If needed, additional information may be submitted on the next page)

TERMINATION 1:	
TERMINATION 2:	

#### 7. EMPLOYMENT

|--|

PERSON INTERVIEWED:\_\_\_\_

POSITION HELD:\_\_\_\_\_

EXACT DATES OF EMPLOYMENT: FROM: / /

ADDITIONAL COMMENTS:\_\_\_\_\_

B. On the following pages you will find employment sheets. Please list your entire employment history for the past ten (10) years or since your 18<sup>th</sup> birthday to include: part-time, temporary, and seasonal, regardless of time employed. **Begin with your current employment or most recent job** and work backwards. If unemployed, to include while in school or college, list dates of unemployment. It is very important that employment information is accurate, and must cover from HIGH SCHOOL GRADUATION TO PRESENT, if applicable.

If additional employment sheets are necessary, please make photo copies prior to filling out any forms.

When completing the attached Employment Sheets, please LIST ALL AREA CODES AND ZIP CODES. MAKE SURE THAT ALL ADDRESSES AND PHONE NUMBERS ARE COMPLETE AND ACCURATE.

		E	MPLOYMENT	REFERENCE S	HEET		
Name of Em	nployer or Business	: <u></u>					
Street Addre	ess:						
						ZIP Code:	
	oloyment: From: _				/		
Phone#:(	)		_Position:				
Work Duties	s:						
Reason for I	eaving (explain in o	detail):					
				_			
			For Investigat	ve Use Only			
	POSITIVE	NEGATIVE_	VERIF	IED ONLY	NOT	VERIFIED	_

INVESTIGATOR:\_\_\_\_\_DATE:\_\_\_\_

TO:

ELIGIBLE FOR RE-HIRE: YES NO

		State:		
		/		
		Position		
Work Dut	ies:			
Reason fo	r leaving (explain i	n detail):		
		For Inves	 tigative Use Only	
	2001711/15		,	
	POSITIVE	NEGATIVE\	/ERIFIED ONLYN	IOT VERIFIED
	PERSON INTERVIE	WED:	Title:	
		EMPLOYMENT: FROM: /		
	ADDITIONAL COM	IMENTS:		
			D. 1. T. T.	
	INVESTIGATOR:		DATE:	
Street Ad	dress:	ess:		
		State:		
		Position		
		1		
Reason to	r leaving (explain i	n detail):		
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	POSITIVE	NEGATIVE\	/ERIFIED ONLYN	IOT VERIFIED
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		EMPLOYMENT: FROM: /		
	ADDITIONAL COM	IMENTS:		
	N. /567: 0 1 70 5		5.475	
	INVESTIGATOR:		DATE:	

	Employer or Business:				
Street Ad	dress:				
	mployment: From:				
Phone#:(_	))	Position:			
Work Dut	ies:				
Reason fo	or leaving (explain in deta	ail):			
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	PERSON INTERVIEWED:_		Title		
	EXACT DATES OF EMPLO				
	POSITION HELD:				
	ADDITIONAL COMMENT	S:			
	INVESTIGATOR:		DATE	:	
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	EXACT DATES OF EMPLO				
	POSITION HELD:				
	ADDITIONAL COMMENT				
	INVESTIGATOR:		DATE	:	

Name of Employer or Busine	!SS:		
street Address:			
City:			ZIP Code:
Date of Employment: From: Phone#:() Work Duties:	Position:		
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cason for leaving (explain i	i detail)		
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	1MENTS:		
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200171145		•	
POSITIVE	NEGATIVEVI	ERIFIED ONLYI	NOT VERIFIED
PERSON INTERVIE	WED:	Title:	
EXACT DATES OF I	:WED:		
POSITION HELD:_		ELIGIBLE FOR RE-HIRE	:YESNO
ADDITIONAL COM	1MENTS:		
INVESTIGATOR		DATE	

Name of Em	ployer or Business					
Street Addre	ess:					
City:			_State:			ZIP Code:
Date of Emp	loyment: From: _	/	_/TO:		/	
Phone#:(	)		_Position:			
<b>Nork Duties</b>	S:					
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	PERSON INTERVIEWE	-D·		Title		
	EXACT DATES OF EM					
	POSITION HELD:					
	ADDITIONAL COMMI	ENTS:				
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	INVESTIGATOR:			DATI	E:	_
	ployer or Business					
						ZIP Code:
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Phone#:(	)		_Position:			
Work Duties	S:					
Reason for l	eaving (explain in c	letail):				
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	POSITIVE	NEGATIVE_	VER	FIED ONLY	NOT	VERIFIED
	PERSON INTERVIEWS	-D·		Title		
	PERSON INTERVIEWS EXACT DATES OF EM	PLOYMENT: FR	ROM: /	/ TO:		/
	POSITION HELD:					
	ADDITIONAL COMMI	ENTS:				
	INIVECTICATOD:			DATI	<b>□•</b>	

#### 8. MILITARY RECORD

A.	Have you ever been on active duty in the Armed Forces of the United States?YESNO If "YES", continue:
B.	Branch of Military Service:
C.	Type of Discharge:If other than Honorable, explain:
D.	Dates of Active Duty (Month, Day, and Year) FROM:TO:
E.	If you are currently Active Duty, what is your expected release date?
F.	Are you currently or have ever been in a Reserve Unit?YESNO  Are you currently or have ever been in a National Guard Unit?YESNO  If "YES", BranchReadyStandby/RR  Date of Reserve or National Guard Duty: FROM:TO:TO:
G.	Did you ever have any type of disciplinary action taken against you while you were serving in the military? (Article 15, Captain Mast, Office Hours, Court-Martials, etc.)YESNO If "YES", explain:
Н.	Have you ever been charged, detained or arrested on a military installation for any reason? YES orNO
	If "YES", explain:

#### 9. COURT RECORD

	with a cri	•	demeanor citation, ju		lult or a juvenile (charged ult summons, arrested on O
В.	detailed of the charge conducted	•	imstances for each ev ne charge(s) was/wer ged. An independent narge(s) is/are reveale	ent listed (use attache e dismissed, did not re investigation of your c	d sheets). You must list esult in a conviction, or riminal history will be
	DATE	CITY/STATE	CHARGES	CIRCUMSTANCE	DISPOSITION OF CASE
C. 	If "YES",	driver's license ever be explain:  u ever held a driver's licelist state(s) and license	ense (s) in any other s	tate?YESN	0
D.	Have you	explain:	ense (s) in any other s number if known:	tate?YESN	0
D.	Have you	explain:  u ever held a driver's licelist state(s) and license  S: List all moving traffice	ense (s) in any other s number if known:	tate?YESN	0

#### 10. VEHICLE INFORMATION

A. List all vehicles that you own and/or drive for personal use (include parents, or others with whom you reside).

YEAR	MAKE	MODEL	COLOR	TAG#	STATE	OWN/BUYING

	FULL NAME	RELATIONSHIP	WHERE ASSIGNED
Gove	ou currently or have your nous or have your ment?YES	ou ever been an employee of the _NO If "YES", list what agen	e City of Memphis or Shelby County cy, dates of employment position, ary employee:
Depa		rcement agency?YESI	•
Depa	rtment or any law enfo	rcement agency?YESI	NO If "YES", list the date(s),
Depa agend	rtment or any law enfo	orcement agency?YESIosition(s) applied for:	NO If "YES", list the date(s),
Depa agend 1)	rtment or any law enfo	orcement agency?YESIosition(s) applied for:	NO If "YES", list the date(s),
Depa agend 1) 2)	rtment or any law enfo	orcement agency?YESIosition(s) applied for:	NO If "YES", list the date(s),
Depa agend 1) 2) 3)	rtment or any law enfo	orcement agency?YESIosition(s) applied for:	

Company Name	Address	Phone#	Commission Date
AGENCY	DATE	POSITION	RESULT
Have you ever submitted to	a polygraph test?	YESNO If "YES",	explain:
or civil lawsuits?YES	NO If "YFS" exi	olain:	
	APPLICANT		
lease indicate below which s	APPLICANT	TRACKING	
	APPLICANT	TRACKING  I to apply for the Police Re	
	APPLICANT source prompted you Memphis Police	TRACKING  I to apply for the Police Receive Department	
	APPLICANT  source prompted you  Memphis Police  □ Tele	TRACKING  I to apply for the Police Receive Department  vision/Radio/PSAs	cruit Position with the
	APPLICANT  Source prompted you  Memphis Police  □ Tele □ Reco	TRACKING  I to apply for the Police Receive Department  vision/Radio/PSAs	cruit Position with the
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	APPLICANT  Source prompted you  Memphis Police  Tele  Reco  Web	TRACKING  I to apply for the Police Receive Department  vision/Radio/PSAs  ruiter:  posite:  tary:	cruit Position with th
	APPLICANT  Source prompted you  Memphis Police  Reco Reco Metallor	TRACKING  I to apply for the Police Receive Department  vision/Radio/PSAs ruiter:  posite:  tary:  ege:	cruit Position with th
	APPLICANT  Source prompted you  Memphis Police  Reci Reci Net Mili Colle	TRACKING  I to apply for the Police Receive Department  vision/Radio/PSAs  ruiter:  posite:  tary:	cruit Position with th

#### 11. PERSONAL REFERENCES

A. Below, give five (5) adult references of whom you have known for greater than three (3) years and they are well acquainted with you. References CANNOT be relatives, former employers or present employers. You MUST include their full names, COMPLETE home address (include city, state, zip code), and correct mobile and home telephone numbers (including area code), where they may be contacted during normal business hours.

	Full Name (Last, First, Middle)			Years Known	
	Current Street Address Apt#		City	State	Zip Code
,	1	1	١		
	Home Phone		Work Phone	Conta	act Time and Location
	Full Name (Last, First, Middle)			Years Known	
	Current Street Address Apt#		City	State	Zip Code
	1	(	١		
	Home Phone	,	Work Phone	Conta	act Time and Location
					_
	Full Name (Last, First, Middle)			Years Known	
	Current Street Address Apt#		City	State	Zip Code
	)	(	)		
	Home Phone		Work Phone	Conta	act Time and Location
	Full Name (Last, First, Middle)			Years Known	
	Current Street Address Apt#		City	State	Zip Code
	)	(	)		
	Home Phone		Work Phone	Conta	act Time and Location
	Full Name (Last, First, Middle)			Years Known	
	Current Street Address Apt#		City	State	Zip Code
(	)	(	)		
	Home Phone		Work Phone	Contr	act Time and Location

I hereby certify that ALL statements made on this application are TRUE and CORRECT to the best of my knowledge. I hereby further certify this application contains no misrepresentations, falsifications, or omissions. I further acknowledge that should any investigation (pre and post-employment) at any time reveal or disclose any such misrepresentations, falsifications, or omissions, my application will be rejected and my name may be removed from the employment list. I may not be eligible to reapply with the Memphis Police Department because of such false and misleading statements. I also understand that these statements may subject me to termination should I become gainfully employed with the Memphis Police Department.

#### DO NOT WRITE BELOW THIS LINE

Signature:	Date:	
Received By:	Date:	

#### FOR ACADEMY USE ONLY

#### **RIGHT THUMB PRINT**

# MEMPHIS POLICE DEPARTMENT BACKGROUND INVESTIGATION UNIT AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

1	do hereby autho	orize a review of and full (	disclosure of all
records concerning myse	elf to any duly authorized agent of the		
the said records are pub	lic, private, or confidential in nature.		
educational institutions; private practitioners, an complaints or grievance other counsel, whether presently have, or have	rization is to give my consent for full and medical and psychiatric treatment and the U.S. Veteran's Administration; es filed by or against me and the record representing me or another person in had an interest. This waiver also gives mation from a law enforcement agent	id/or consultation, includ mployment and pre-emp ds and recollections of att any case, whether crimin a authority to release law	ing hospitals, clinics, loyment records; orneys at law or of nal or civil, in which I
developed directly or incoderermining my suitability person(s) who may furnitinformation; and I do he of furnishing such information.	rm will be valid as an original thereof,	release authorization, wil nphis Police Department. nall not be held accountal and all liability which may	Il be considered in I also certify that any ole for giving this be incurred as a result
Signature (include maid	en name)		
Address	City	State	Zip Code
Phone	Date of Birth	Social Security Num	ber
** This form <u>[</u>	MUST BE NOTARIZED by a notary before THIS FORM MUST BE SIGNED IN FR		be accepted.
Sworn to and Subscribed	d before me thisda	y of	, 20 State
of	County of		
	My Comm	ission Expires:	

NOTARY

#### HIGH SCHOOL TRANSCRIPT FORM

#### INSTRUCTIONS TO APPLICANT

- 1. Please read carefully and completely, fill out the following requested information.
- 2. Take or mail this form to the High School that you graduated from. If you received your G.E.D. you may want to call first to see where your G.E.D. records are located. If the High School/Board of Education charges a fee for mailing your transcripts to us, <u>YOU ARE RESPONSIBLE FOR PAYING THE FEE.</u>
- 3. Please have the High School /Board of Education mail your transcripts or G. E. D. scores directly to the Memphis Police Department at the address below.
- 4. When the Memphis Police Department receives your transcript, it becomes the property of the City of Memphis and cannot be released to any other person or agency. It is your responsibility to contact the Employment Team to make sure they have your transcript(s) by the stated deadline.

NOTE: ALL TRANSCRIPTS/G.E.D SCORES MUST BE RECEIVED AT THE MEMPHIS POLICE EMPLOYMENT TEAM BY MAIL FROM YOUR HIGH SCHOOL/BOARD OF EDUCATION. TRANSCRIPTS DELIVERED IN PERSON OR MAILED BY YOU WILL NOT BE ACCEPTED.

Detach the form provided below and mail to the High School that maintains your permanent transcript.

NAME OF HIGH SCHOOL:	
TO WHOM IT MAY CONCERN:	I have applied for a position with the Memphis Police Department. I am requesting that
you mail along with this form,	a copy of my official high school transcript (showing my graduation date) or my G.E.D.
scores to the Memphis Police	Department at the following address:
	Memphis Police Training Academy
	4371 O.K. Robertson Road
	Memphis, TN 38127
My name is (Last, First, Middle	): <u> </u>
My name at the time I attende	d your school was (Last, First, Middle):
My complete mailing address i	s (include city, state, and zip code):
	s (include city, state, and zip code):
Home Phone Number:	
Home Phone Number: Date of Birth:	Work Number:
Home Phone Number:  Date of Birth: I graduated on:	Work Number: Social Security Number:

\*\*\* PLEASE RETURN THIS FORM WITH TRANSCRIPT\*\*\*

#### **COLLEGE TRANSCRIPT FORM**

#### INSTRUCTIONS TO APPLICANT

- 1. Please read carefully and completely, fill out the following requested information.
- 2. Take or mail this form to ALL Colleges/Universities that you have attended. A transcript must be received from each college attended. If the College/University charges a fee for mailing your transcripts to us, <u>YOU ARE</u>
  RESPONSIBLE FOR PAYING THE FEE.
- 3. Have each College/University mail your transcripts directly to the Memphis Police Department at the address listed below. It is your responsibility to contact the Employment Team to make sure it has received your transcripts(s) by the stated deadline.
- 4. When the Memphis Police Department receives your transcript, it becomes the property of the City of Memphis and cannot be released to any other person or agency.

NOTE: ALL TRANSCRIPTS MUST BE RECEIVED AT THE MEMPHIS POLICE EMPLOYMENT TEAM BY MAIL FROM THE COLLGE/UNIVERSITY. TRANSCRIPTS DELIVERED IN PERSON OR MAILED BY YOU WILL NOT BE ACCEPTED.

Detach the form provided below and mail to the College/University that maintains your permanent transcript.

NAME OF COLLEGE/UNIVERSIT	Y:			
TO WHOM IT MAY CONCERN: I you mail along with this form, a address:		•	·	_
	Memph	nis Police Training Academy		
	437	71 O.K. Robertson Road		
		Memphis, TN 38127		
My name is (Last, First, Middle)	):			
My name at the time I attende				
My complete mailing address is	s (include city, state	e, and zip code):		
Home Phone Number:	W	/ork Number:		
Date of Birth:		Social Security Number:_		
I attended on:				
I UNDERSTAND THAT	I WILL BE RESPONS	IBLE FOR ANY FEE INCURRED A	S PART OF THIS REQUEST.	
Signature:			Date:	

\*\*\* PLEASE RETURN THIS FORM WITH TRANSCRIPT\*\*\*